Need Based Scholarship Form
AHA Association Conferences

PRINT OUT THIS PAGE AND MAIL TO AHA Association
MUST BE ACCOMPANIED WITH REGISTRATION FORM
PO Box 916, Bethpage, New York 11714-0916

Insofar as we are financially able, it is our wish to give fair access
to our conferences to all interested parents/caregivers, students,
educators working with individuals on the autism spectrum, and to
those individuals with ASDs interested in attending as well.

Please check one or more of the categories below:
___ Parent or Caregiver ___ Professional___ Student ___ Individual with an ASD

Briefly describe your reason for a need based scholarship:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Registration fees are kept as low as possible and help defray our costs. Need based scholarship
suggested contribution: $60 per registration helps cover only a small portion of our expenses.
Please submit this form WITH your completed registration. If you are approved for a scholarship
we will contact you as soon as possible. If you are not approved, your contribution will be
returned. Thank you.

My contribution $________________

Name: _____________________________________________________

Address: ____________________________________________________

City, State, Zip: ______________________________________________

Phone # __________________   Email: _____________________________

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